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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	EP01-001C
	First Named Inventor	Liu
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

System for Functional Gene Discovery in Plants

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/201,245	05/01/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23500	OR	<input type="checkbox"/> Correspondance address below
Name					
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Alex			Family Name Liu or Surname		
Inventor's Signature			Date 4/26/01		
Residence: City Eugene		State OR	Country US	Citizenship CH	
Mailing Address 2061 West 16th Avenue					
Mailing Address					
City Eugene		State OR	ZIP 97402	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name George			Family Name Wadsworth or Surname		
Inventor's Signature			Date 4/26/01		
Residence: City Portland		State OR	Country US	Citizenship US	
Mailing Address 2805 N.E. 59th Avenue					
Mailing Address					
City Portland		State OR	ZIP 97213	Country US	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Helena		Mathews	
Inventor's Signature <i>Helena Mathews</i>		Date <i>4/26/01</i>	
Residence: City	Portland	State	OR
Country	US	Citizenship	IN
Mailing Address 14546 Joseph Court			
Mailing Address			
City	Portland	State	OR
ZIP	97229	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ry		Wagner	
Inventor's Signature <i>Ry Wagner</i>		Date <i>4/26/01</i>	
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Country	US	Citizenship	US
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Zip	97405	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jill		Van Winkle	
Inventor's Signature <i>Jill Van Winkle</i>		Date <i>4/26/01</i>	
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Country	US	Citizenship	US
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sandra		Peters	
Inventor's Signature <i>Sandra Peters</i>		Date <i>4/27/01</i>	
Residence: City Portland	State OR	Country US	Citizenship US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephanie		Clendennen	
Inventor's Signature <i>Stephanie Clendennen</i>		Date <i>4/26/01</i>	
Residence: City Portland	State OR	Country US	Citizenship US
Mailing Address 8640 S W. 89 th Avenue			
Mailing Address			
City Portland	State OR	Zip 97223	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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